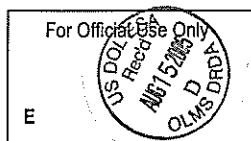


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8101	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name John J Flynn P.O. Box, Bldg., Room No., if any Street 1776 Eye Street, NW City Washington State District of Columbia ZIP Code + 4 20006	4. Name, file number, and address of labor organization. Name Intl Union of Bricklayers & Allied Craftworker Labor Organization File Number 000-034 P.O. Box, Building and Room Number, if any Suite 600 Street 1776 Eye Street, NW City Washington State District of Columbia ZIP Code + 4 20006
5. Position in labor organization. President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8-15-05

Date

202-783-3788

Telephone Number

Name of Person Filing John Flynn	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name International Masonry Institute</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 42 East Street</p> <p>City Annapolis</p> <p>State Maryland ZIP Code + 4 21401</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Contributions are made to IMI pursuant to collective bargaining agreements negotiated by the Union and its affiliates. IMI contracts for services from the Union such as accounting, collection, data processing, human resources, meeting planning, etc</p> <p>11.b. Approximate dollar value of such dealing. \$3,834,679</p> <p>12.a. Nature of interest held or income received.</p> <p>Business expense reimbursement for lodging, meals, phone and equipment for Winter Cluster Meeting Feb '04; business expense reimburseent for lodging, meals & miscellaneous expenses at annual meeting Nov. '04</p> <p>12.b. Amount. \$870</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Opus Investment Advisors, LLC</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2321 Rosencrans Avenue, Suite 3230</p> <p>City El Segundo</p> <p>State California ZIP Code + 4 90245</p>	<p>14.a. Nature of payment.</p> <p>The Union has no, and has had no, business relationship or other dealings with this entity from which I received an unsolicited Christmas gift (bottle of wine) in 2004</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$122</p>

Name of Person Filing John Flynn

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name International Trowel Trades Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1776 Eye St, NW, Suite 700

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Contributions are made to IPF pursuant to collective bargaining agreements negotiated by the Union and its affiliates. IPF contracts for services from the Union such as accounting, collection, data procesing, human resources, meeting planning, etc

11.b. Approximate dollar value of such dealing.

\$3,090,813

12.a. Nature of interest held or income received.

Business Expense Reimbursement for: lodging, meals, phone and equipment for Winter Cluster Mtg Feb '04; lodging, parking, meals, phone & miscel. expenses at Spring Cluster Meeting May '04; lodging meals and miscel. exp. Board of Trustees Mtg Nov. '04

12.b. Amount.

\$1,285

Name of Person Filing John Flynn

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name International Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1776 Eye St, NW, Suite 600

City Washington

State District of Columbia ZIP Code + 4 20006

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Contributions are made to IHF pursuant to collective bargaining agreements negotiated by the Union and its affiliates. IHF contracts for services from the Union such as accounting, collection, data procesing, human resources, meeting planning, etc

11.b. Approximate dollar value of such dealing.

\$816,948

12.a. Nature of interest held or income received.

Business Expense Reimbursement for: lodging, meals, phone and equipment for Winter Cluster Meeting Feb '04; lodging, & miscel. expenses at Board of Trustees meeting Nov. '04

12.b. Amount.

\$558

Name of Person Filing John Flynn

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Local Officers and Employees Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1776 Eye St, NW, Suite 700

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

LOEPF contracts for services from the Union such as accounting, data procesing, human resources, meeting planning, etc

11.b. Approximate dollar value of such dealing.

\$97,422

12.a. Nature of interest held or income received.

Business Expense Reimbursement for lodging, meals, phone and equipment for Winter Cluster Meeting Feb '04

12.b. Amount.

\$312

Name of Person Filing John Flynn

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name National Refractory Joint Industry Comm

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1776 Eye St, NW, Suite 600

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Contributions are made to the JIC pursuant to collective bargaining agreements negotiated by the Union.

11.b. Approximate dollar value of such dealing.

\$80,838

12.a. Nature of interest held or income received.

Business Expense Reimbursement for lodging, meals, phone and equipment for Winter Cluster Meeting Feb. '04

12.b. Amount.

\$312

Name of Person Filing John Flynn	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a **business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Amalgamated Bank/Ronald Luraski, Sr VP</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1825 K street, NW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20026</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name International Trowel Trades Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1776 Eye St., Suite 700</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006</p>	<p>11.a. Nature of such dealing.</p> <p>Amalgamated Bank acts as custodian for certain investments of IPF, and as Investment Manager for the Retirement Savings Plan</p> <p>11.b. Approximate dollar value of such dealing. \$12,768</p> <p>12.a. Nature of interest held or income received.</p> <p>Christmas Gift -- blanket</p> <p>12.b. Amount. \$38</p>

Name of Person Filing John Flynn	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Landon Butler & Company</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 925</u></p> <p>Street <u>700 Thirteenth Street, NW</u></p> <p>City <u>Washington</u></p> <p>State <u>District of Columbia</u> ZIP Code + 4 <u>20005</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>International Trowel Trades Pension Fund</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 700</u></p> <p>Street <u>1776 Eye Street, NW</u></p> <p>City <u>Washington</u></p> <p>State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Landon Butler is associated with pooled real estate funds in which IPF has longstanding investment, and for which, to my knowledge, no fees were paid to Landon Butler & Company in 2004</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u>\$0</u></p>
	<p>12.a. Nature of interest held or income received.</p> <p><u>Christmas Gift -- Christmas tree</u></p>
	<p>12.b. Amount. <u>approx. \$100</u></p>

Name of Person Filing John Flynn

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Riviera Hotel

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1600 N. Indian Canyon Dr.

City Palm Springs

State California

ZIP Code + 4 92262

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Hotel guest (along with others) during meeting in January 2004.

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

There was a hospitality basket in my room which I assumed was standard in the room in which I was staying. However, I am reporting this item in an abundance of caution.

12.b. Amount.

\$55

Name of Person Filing John Flynn

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name GESD Capital Partners, LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1450

Street 221 Main Street

City San Francisco

State California ZIP Code + 4 94105

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name International Trowel Trades Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1776 Eye St., NW, Suite 700

City Washington

State District of Columbia ZIP Code + 4 20006

11.a. Nature of such dealing.

IPF invests in private equity funds managed by GESD, under the direction of a QPAM.

11.b. Approximate dollar value of such dealing.

\$94,467

12.a. Nature of interest held or income received.

Holiday food gift basket.

12.b. Amount.

\$147

Name of Person Filing John Flynn

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Diabetes Research Inst./U. Miami Sch. Med.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1450 NW 10th Ave. (R.77)

City Miami

State Florida

ZIP Code + 4 33136

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Charitable donation

11.b. Approximate dollar value of such dealing.

\$5,000

12.a. Nature of interest held or income received.

Christmas Gift - holiday food basket

12.b. Amount.

approx. \$100

Name of Person Filing John Flynn

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name The McLaughlin Company/Ted Papas

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1725 DeSales Street, NW

City Washington

State District of Columbia ZIP Code + 4 20036

14.a. Nature of payment.

Lunch with spouse, July 29, 2004. My wife has a longstanding friendship with this individual, and the company has no business relationship, and has had no business relationship with the Union, but I report it in an abundance of caution

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$41

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.